PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/567897

| | | CLAIMS | AS EILED | DADT | | | _ | | .i | | | |
|-------------|---|---|--------------------------------------|--|--------------|--------------------------------|---------------|---------------------|------------------------|----|---------------------|------------------------|
| | | CLAUS A | (Column 1) | | | (Column 2) | SMALI TYPE | | TITY | OR | OTHER SMALL I | • |
| U.S | . NATIONAL | STAGE FEES | (0000000) | | | (Column 2) | 1 | DATE | T | 7 | | |
| | SIC FEE | | SMALL ENT. = \$ 150 | | | | | RATE | FEE | | RATE | FEE |
| ├ | | | | | <u> </u> | GE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 300 |
| EX/ | MINATION FI | EE | (4) = \$.50 | Satisfies PCT Article 33(1)- (4) = \$50/\$100 | | ther situations = 100 / \$ 200 | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEA | VRCH FEE | | ALL other co | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | ther situations = 250 / \$ 500 | | SEARCH FEE | · | | SEARCH FEE | 400 |
| FEE | FOR EXTRA | SPEC. PGS. | minus 100 = | | ı" | / 50 = | | X.\$ 125 = . | 6 | 1 | X \$ 250 = | |
| TOT | AL CHARGEA | BLE CLAIMS | 23 mi | nus 20 = | • 3 | | | X \$ 25 = | | OR | X \$ 50 = | 150 |
| IND | EPENDENT CI | AIMS ' | # minus 3 = * | | | | | X \$ 100 = | | OR | X \$ 200 = | 200 |
| | · · · · · · · · · · · · · · · · · · · | DENT CLAIM PR | • | | | | | + \$ 180 = | | OR | + \$ 360 = | 0.00 |
| * If | the difference | e in column 1 is | ess than zero, enter "0" in column 2 | | | | | TOTAL | | OR | TOTAL | 1250 |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY OF | | | OTHER THAN | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| · . | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | - |
| | | | | | | ٠ | | , | | | rec | • |
| | | (Column 1) | | (Colun | | (Column 3) | ٠. | · | | _ | | |
| N N | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$.25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +*\$ 180 = | -, | OR | + \$ 360 = | |
| • | | | | | | | • | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| * | If the entry in colu | umn 1 is less than the | entry in column 2 | 2, write "0" ir | a column | ı 3 . | | | | | | |

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)